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SIX CASES OF HERNIA.

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CASE I.—A healthy young man, of 21 years of age, had had oblique inguinal hernia into the imperfectly closed funicular process come on gradually, for several years. Two weeks previously he had begun to wear a truss. This was of the French pattern, with a triangular shaped, convex pad. One morning while at stool the rupture slipped down below the truss, and distended painfully the inguinal canal. He found himself unable to reduce it. This was at 10, A.M. Aided by a physician, whom he immediately sent for, persistent attempts at taxis were made, without ether.

When I first saw him, at 1½ P.M., three hours only after the incarceration of the rupture, I found a bubonocoele of considerable size. It had not passed beyond the outer ring. The skin was as red over the tumor, abdomen and groin as we see it after the use of mustard. The tumor was oedematous and exquisitely tender; particularly where the internal ring arched over the sac. There had been nausea and colic. The tenderness and redness were not caused by any applications, but had followed the forcible and long continued taxis. It was evident that a simple lesion was rapidly becoming developed into a very serious condition. Under the circumstances, it was felt that a very moderate and brief taxis only was admissible. The patient assented to an operation, if a gentle taxis failed.

Ether was given; and the leg flexed up on the abdomen. The neck of the sac was gently squeezed and manipulated by the forefinger and thumb of the left hand, and the fundus pressed by the right hand. In about five minutes the bowel was emptied of its contents, and the rupture returned. A cold water dressing and spica bandage were applied. The patient received an

opiate, and was kept in bed for two days. He made a good recovery.

CASE II.—An unmarried lady of 35, who had long had a small femoral hernia, but had never worn a truss, was seized with symptoms of strangulation at 5, P.M. Her physician was sent for at 8, P.M., and found her with vomiting and colic. He used moderate taxis without avail. On seeing her with him at 9, P.M., after four hours of incarceration, I found a hard tumor in the femoral region, not larger than a hickory nut; not tender, nor inflamed. After etherization, the rupture was returned by taxis in about fifteen minutes. After vain attempts to squeeze out the contents of the bowel, the rupture was returned by the following manoeuvre. The sac and tumor were firmly pressed downwards and backwards by the palm of the left hand; with the right hand a deep and forcible stroking upwards from the groin was made over the relaxed abdomen. By this means the inner end of the incarcerated coil of intestine was drawn out of the crural opening, and the rupture returned. She was well the next day, and had a spontaneous operation from the bowels. A femoral truss was applied.

CASE III.—A lady of somewhat over 40 years, quite stout and fleshy, had had a little bunch come and go in the groin for several years without knowing its character. She was suddenly attacked with diarrhoea and tenesmus. Following these expulsive efforts the lump re-appeared in the groin and remained there. She now had violent colic around the umbilicus, and persistent nausea and vomiting. The diarrhoea abruptly ceased. Concealing thoughtlessly from her physician the existence of a tumor in the groin, these symptoms went on for two days, with partial relief from opium. Colic persisting, a mild laxative was given, and immediately rejected by the stomach. At the instigation of a female friend, who thought the lump in the groin might have some bearing on the case, the physician was finally told of its existence, and immediately examined, and diagnosed a hernia.

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On seeing her with him, soon after, we found a small, rounded, hard tumor, very deep in the femoral region, and much obscured by fat. Taxis under ether was ineffectual, and herniotomy was done. After three days strangulation the bowel was found deep red in color, but not brown, or black. It was returned after a very deep division of Gimbernat's ligament. She recovered without a bad symptom.

CASE IV.—An elderly woman, the mother of a large family, had had a tumor in the right groin for two years. Ten days before I saw her she had experienced symptoms of strangulated hernia, as vomiting, colic and constipation. The abdomen became tense and tympanitic and tender; more tender than the tumor itself, which was small and did not increase. The symptoms were masked by opium. After six days, a second tumor appeared in the femoral region. The symptoms then ameliorated as to severity of pain and vomiting, but prostration continued.

Ten days after the first attack I saw her in consultation.

She was being held up in bed, and was retching and hiccuping. The face was livid, and the whole cutaneous surface had that peculiar dusky capillary congestion, accompanied with a cool skin and clammy sweat, characteristic, in every case I have seen it, of intestinal obstruction. It is a deeper and more sluggish lividity than that of continued fever; and, excepting the moist skin, resembles the general aspect in cholera. The pulse was 108, and thready. She retained light food, and was kept somewhat under the influence of morphine.

The abdomen was moderately distended with flatus, and somewhat tender on pressure. The tenderness was most marked on the side opposite to the tumor. This fact, with the chronic state of the case and the appearance of a second tumor, had occasioned considerable doubt among her physicians. In the right groin was a flattened convex tumor, about two inches across, and occupying the site of femoral hernia. Below this was a dividing line of constriction; and immediately below, occupying the lower half of Scarpa's triangle, another swelling, a little larger than the upper one, rounded, flattened, reddened and oedematous. On percussion, both these tumors contained air. The second appeared about five days after the first one. At that date and since, the most urgent symptoms had become alleviated.

The diagnosis made was, strangulated femoral hernia, followed by rupture of a

sloughy intestine, pouring the fecal and gaseous contents into the sac, sloughing of the latter, and burrowing of a fecal abscess down the thigh. It was obviously impossible that a femoral hernia could have descended so far down the thigh, without being arrested by the junction of the iliac and pubic portions of the fascia lata below the saphenous opening. It was not probable that we had to deal with a separate abscess below, since the lower tumor was tympanitic on percussion. The constriction was probably the falciform border of the saphenous opening.

Taxis was deemed inadmissible; immediate laying open of the two swellings with the knife, to be imperative. On the above diagnosis I proceeded to operate. The event justified the course pursued, and verified the diagnosis. On cutting down upon the upper tumor we found a sac, which on being opened gave exit to gas and feces. Within the sac lay a large mass of sloughy omentum. The bowel was sloughed away. Liquid feces poured from the crural opening. The second swelling communicated with the first. It was filled with broken down and shreddy muscular tissue, fecal matter and gas. It ran down among the long muscles of the thigh. On turning the patient on her side, liquid feces ran out of the crural opening, and filled a pail half full. The patient lived twelve hours.

CASE V.—In September, 1869, a young man, 22 years old, robust and healthy, presented himself at my office. He came to consult me about a swelling in the left groin, which filled the scrotum, and did not return into the abdomen. Three years before, he had begun to notice and to be troubled by it. It had steadily enlarged, and now was the seat of occasional dragging pains, and prevented him from working. He had tried trusses and been unable to bear their pressure. They had always been applied over an unreduced tumor. I could not reduce the tumor, and I advised him to wear a suspensory bandage. He came to see me several times, and was desirous of some operation, if any could promise to relieve him. A tumor filled the scrotum on the left side. It had a large, broad neck, running up into the inguinal canal. The upper third of it could be returned into the abdomen. It communicated an impulse on coughing. It was dull on percussion. That part which remained in the scrotum was hard, inelastic, irregular and not very sensitive. It did not fluctuate. The surface of the skin was covered with large veins. The testicle could not be clearly made out.

The swelling did not transmit light through it. On returning the reducible portion the ring and canal were not left free and open.

My diagnosis was, probably an irreducible omental hernia, adherent to the sac, with a portion of bowel returnable above it; and perhaps other folds of intestine in the irreducible mass. He had never had strangulation, but occasionally colic. The possibilities were, hydrocele of the cord, hæmatocele or enlarged testis, besides hernia.

The patient, after returning several times not relieved, desired an operation to return, or get rid of the tumor, so that he could get his living. It was evident that the dependant mass was constantly dragging down more intestine from above, and dilating still more the inguinal canal. His pain and disability increased, and provided the tumor could be disposed of safely, it was plainly the course to pursue.

On the other hand, to cut down upon a doubtful swelling, and to lay open a hernial sac, break up adhesions, remove omentum, and return, or fail to return the uncovered bowel, was evidently a hazardous procedure. There was no strangulation; no immediate danger to life; and the symptoms were not urgent. Was an operation expedient, or justifiable?

The pros and cons were explained to the patient, and he was advised to enter the City Hospital, and abide by the result of a consultation of its surgeons. This he did; and their opinion mainly coincided with my own. Several, however, leaned to the belief that the hernia was all reducible, and that we should find below a hydrocele of the cord. The decision was left entirely with the patient himself. He concluded to take the risk, and was operated on the following day.

After returning the reducible portion, the scrotal swelling was cut down upon, and found to be wholly an irreducible omental hernia. The omentum was ligatured and cut off. The stump was left to plug the inguinal canal. He recovered without any abdominal symptoms. He had an attack of hæmorrhage from sloughing of the scrotum. When he was discharged from the Hospital the plug of omentum kept the hernia up. Within a few weeks it came down again, and he now wears a truss, and goes about with comfort.

CASE VI.—A little boy of six years had congenital hernia and hydrocele. Direct communication existing with the abdomen, whenever the bowel was retained, fluid trickled down in the erect posture, and prevented the ring from tending to close.

More than this, a variety of trusses had been tried for several years, and owing to the fluid and the activity of the child, the rupture could not be kept up. Colic and nausea troubled him occasionally. He was at just that age when nature does most to cure rupture; and it seemed probable that if allowed to go on, he would have a large, irreducible hernia.

The parents desiring an operation, it seemed to me a fair case for Wood's Radical Cure. If the operation failed to cure, it would certainly enable the bowel to be retained by a truss.

He was operated on with wire, by Mr. Wood's second method. He never had any abdominal symptoms, but passed through a mild attack of erysipelas, which was confined to the scrotum, buttocks and legs. He made a good recovery. Neither bowels nor fluid came down after the operation; and he now wears a light horse-shoe truss, with a fair prospect of permanent relief.

ON THE PREVENTION OF VENEREAL DISEASES.*

By W. F. MUNROE, M.D., Boston.

ONE of the most curious anomalies in the social system of the Anglo-Saxon race is the position of prostitution and its attendant diseases. So well recognized as to be called the "social evil" *par excellence*, the whole question has until recently been persistently avoided by law-makers and sanitarians, while the evil, practically protected by prohibition, has gone on gaining strength and becoming more and more unmanageable and pernicious. This neglect is due undoubtedly to the natural antipathy felt for a disagreeable subject; to fear of opprobrium from associating one's name with the revolting details which must be entered into; and last, though not least, to the wide-spread ignorance as to the extent and influence of the evil. In this age, however, now that public attention is turned toward public hygiene, a strong reac-

* *Prophylaxie Internationale des Maladies Vénériennes*, par Messieurs Crocq (de Bruxelles) et Rollet (de Lyon). Rapport fait au nom de la Commission nommée par le Congrès Médical International de Paris, de 1887.

COMMITTEE APPOINTED BY THE CONGRESS. *Foreign Members*.—Drs. De Meric of London, Hebra of Vienna, Seitz of Munich, Crocq of Brussels, Seco-Balador of Madrid, Galligo of Florence, Palasciano of Naples, Owre of Christiania, Barbosa of Lisbon, Frerichs of Berlin, Halbovet of Kiev, Fordyce Barker of New York, Wilson Jewell of Philadelphia, J. Baxter Upham of Boston, Kingston of Montreal, Melville of Cincinnati.

French Members.—Drs. Behier, Bouillaud, Dechambre, Gosselin, Jaccoud, Jeannel, Mongeot, Ricord, Rollet, Tardieu, Verneuil.

tion is taking place, and the question is at last beginning to receive some of the attention which it deserves. One of the earliest results of this awakening is seen in the passage of the "Contagious Diseases Act" in England, so long the stronghold of prejudice and disease, and another in the report before us. The importance attached to the subject by the Congress can be inferred from the excited debate which it gave rise to (see report by Dr. J. B. Upham, in this JOURNAL for August 20, 1868), from the appointment of the Committee by a unanimous vote, and from the character of the members of the Committee. It may be mentioned, in passing, that Drs. Crocq and Rollet, who were selected to draw up the report, were peculiarly fitted for the task, both as hygienists and syphilographers.

Syphilis is a disease dangerous to all classes—virtuous as well as vicious, rich as well as poor. It may be communicated by knives, forks, spoons, drinking utensils, or any object which passes from mouth to mouth. This is illustrated by an epidemic which broke out in a large glass-blowing establishment in the south of France in 1858 (reported by Rollet, of Lyons), and infected the whole community to such an extent that the attention of government was called to it, and the passage of the same tube from one mouth to another forbidden by law. Impure vaccine matter may be the vehicle of contagion. A child may infect its nurse, or the nurse may infect the child. In fact, an infected individual is a source of danger to all about him—a danger much increased by frequent relapses of the disease and the general ignorance upon the subject. Even when external symptoms may be wanting in the father, he may beget an infected fetus which in turn may infect the mother through the womb. In this case, either abortion results or the child comes into the world diseased. Supposing the fetus or child to escape the specific contagion, the hereditary taint is shown in an increased tendency to constitutional diseases of various kinds. These results are shown in the gradual depopulation of some of the Pacific Islands since the introduction of syphilis by the marine of civilized nations. Thus, apart from the personal suffering of the vicious, venereal diseases are the insidious and persistent source of more ill to the world than the epidemics against which the whole machinery of government is put in motion.

The direct and indirect expenses accruing to the State and city from prostitution, with its concomitant crimes and diseases,

are immense. Sanger (Hist. of Prost., p. 605), by carefully made estimates, finds that ten per cent. of the police and judiciary expenses of New York city are due to these causes. Add to this their proportion of penitentiary, workhouse and hospital expenses, and we raise the sum to nearly seventeen per cent. of the entire municipal expenses. (This was in 1857.) In this calculation no account is taken of the outlay for private medical assistance, the value of time lost, &c.

Private interests also demand some remedy for the present state of affairs. "There is the money a working man must pay for his cure; this is his share of the loss. There is his unproductive time, and the loss of profits upon his labor; this is his employer's sacrifice. There is the deprivation of comforts and necessities experienced by his family and dependents; this is their penalty. Society is thus involved in a general loss on account of an act of folly, or passion, or crime (call it which you will), committed in a concealed and secret haunt, and such loss could be saved by the intervention of proper means." (Sanger, op. cit., p. 24.) In the British Army, previous to 1866, when the Contagious Diseases Act was passed, there was an average annual loss of nearly nine days' duty to each man from venereal disease. Since the passage of the act, this proportion has much decreased in the twelve cities in which it is in operation.

After carefully considering the sad results of these wide-spread diseases, even the severest moralists can hardly deny that their ravages should be stopped or checked as much as possible. Can legal enactments accomplish either of these objects? "The policy of indifference and *laissez-faire* has had a full and fair trial, and in every respect it has been found wanting. In the number of the *Westminster Review* for July, 1869, we described its ill effects on the civil population of England, and showed that those effects have been, and still are, most disastrous." (*Westminster Review*, January, 1870.)

Prohibition is the first legal remedy which suggests itself; and, as this has been the policy of nearly every nation at times, we have abundant data from which to draw our conclusions. In Prussia, in particular, there have been several attempts at suppression, followed invariably by a return to police regulation. The results of the last attempt, in 1845, are instructive. "During the two years previous to the suppression, the number of men received at the hospital (for venereal disease) was 741 in 1844 and 711

in 1845." During the three succeeding years, the numbers were 817, 894 and 979. The females increased in about the same proportion, and their average sojourn in the hospital rose from 24½ to 32½ days; the average time which each man remained in the hospital rose from 37½ to 49½ days. (*Westminster Review*, Jan., 1870.) What better proof could we have of the increase in frequency and severity of the disease? In Rome, where the system of government is such that repressive measures can be fully enforced, there are no public houses of prostitution, but the laxity of principles among the people of all classes is perhaps greater than in any other European city. Stockholm, where there are no houses of prostitution, and where two which were established a few years ago were immediately torn down by a mob, is perhaps its strongest rival, showing that climate and temperament are not the causes which explain this. As Sanger (op. cit., p. 19) says:—"It is a mere absurdity to assert that prostitution can ever be eradicated. Strenuous and well-directed efforts for this purpose have been made at various times. The whole power of the Church where it possessed not merely a spiritual, but an actual secular arm, has been in vain directed against it. Nature defied the mandates of the clergy, and the threatened punishments of an after life were futile to deter men from seeking, and women from granting, sinful pleasures in this world. Monarchs, victorious in the field and unsurpassed in the council chamber, have bent all their energies of will, and brought all the aids of power to crush it out; but before these vice has not quailed. The guilty women have been banished, scourged, branded, executed; their partners have been subjected to the same punishment; held up to public opinion as immoral; denuded of their civil rights; have seen their offences visited upon their families; have been led to the stake, the gibbet, and the block, and still prostitution exists. The teachings of morality and virtue have been powerless here. In some cases they restrained individuals; upon the aggregate they are inoperative." Certainly it does seem clear that prohibition is not the agent by which prostitution is to be extinguished.

In this connection a most important question arises, as to whether the extinction of prostitution is really an object to be desired. Whether turning the stream of men's passions from the channels in which they now run, and compelling them to over-

flow into the domestic circles of society, would not be a still greater evil. "The essentially exclusive nature of marital affection, and the natural desire of every man to be certain of the paternity of the child he supports, render the incursions of irregular passions within the domestic circle a cause of extreme suffering. Yet it would appear as if the excessive force of these passions would render such incursions both frequent and inevitable.

"Under these circumstances there has arisen in society a figure which is certainly the most mournful, and, in some respects, the most awful, upon which the eye of the moralist can dwell. That unhappy being whose very name it is a shame to speak; who counterfeits with a cold heart the transports of affection, and submits herself as the passive instrument of lust; who is scorned and insulted as the vilest of her sex, and doomed, for the most part, to disease and abject wretchedness and an early death, appears in every age as the perpetual symbol of the degradation and sinfulness of man. Herself the supreme type of vice, she is ultimately the most efficient guardian of virtue. But for her the unchallenged purity of countless happy homes would be polluted, and not a few, who in the pride of their untamed chastity, think of her with an indignant shudder, would have known the agony of remorse and despair. On that one degraded and ignoble form are concentrated the passions which might have filled the world with shame. She remains while creeds and civilizations rise and fall, the eternal priestess of humanity, blasted for the sins of the people." (*Lecky's History of European Morals*, vol. ii. p. 299.)

The condition of Roman society, the licentiousness of Stockholm and the results of prohibition in Prussia, Bavaria, and all other countries where it has been tried, show not only the futility of repressive measures, but their positively bad effect in the increase of venereal disease and the demoralization of society.

In England and this country the policy is that of indifference. The Massachusetts Statutes place "common pipers and fiddlers, stubborn children, runaways, common drunkards, and common nightwalkers," in the same class, and inflict upon them the same punishment. Fornication is liable to imprisonment not exceeding three months, or a fine not exceeding thirty dollars. Keepers of houses of ill fame are liable to imprisonment not exceeding two years. Thus our treatment of the social evil, like that of the English, is theoretical prohibi-

tion but practical freedom, the effects of which may be seen from the statistics given in connection with the subject of regulation.

The limits of this article will not allow the citation at length of authorities, but it is an established fact that all sanitarians who have considered the subject, recognize its immense importance in its bearings upon public morals and public health, and agree in saying that a thorough ventilation and consideration of the question is required. Even those most opposed to licensing brothels, concur in this, that some remedy must be found, and that the extent and influence of the evil must be understood before any steps can be taken toward this. Even in England the question is being freely discussed, and has already given rise to several debates in parliament, as well as in many of the medical societies, and to several articles in the Westminster Review which I hope to examine in another paper.

After remarking that the extinction of venereal disease is not an Utopian idea, since it never arises except from direct contagion, the report recommends the periodical examination of women of the town, and strengthens its position by statistics showing the proportion of disease in countries where these are enforced, to disease in those where no provision is made. In the English army (prior to the Contagious Diseases Act) there was an annual average of 309 cases of venereal diseases to 1,000 men; in France, where the regulations are imperfect, 113; in Belgium, where they are more perfect, only 98. The effect of England in the dissemination of these diseases can be readily inferred. As the report says, "As long as prostitution is not regulated in England and the United States, so long are projects for the prevention of venereal diseases radically imperfect, since they lack that international character which can alone render them efficacious" (p. 13). The committee also make the obvious remark that "the future of the Anglo-Saxon race is at stake; it cannot be in vain that venereal diseases infect English blood with their principle of degeneracy to twice, thrice and four times the extent to which they infect that of other nations. However well favored by nature the race may be, it cannot long preserve from this contamination the native vigor of which it is so proud, nor even its moral energy." (P. 17.) The Contagious Diseases Act (see p. 7) is approvingly referred to as a first step, but its general application to the civil population advised. This is also advocated by the Harveian So-

ciety of London (composed of many of the leading physicians in England). In the question of international prophylaxis, the part of the United States is perhaps less important than that of England, with its numerous colonies and stations. Still it is important, and it is satisfactory to find that the belief in the expediency of regulation is rapidly gaining ground among the medical profession here.

General Regulations of Prostitutes.

After alluding to the comparatively recent attempts at suppression in Spain, Italy and Prussia, an account is given of the stringent prohibitory law now in operation in Bavaria. This went into effect in 1861, when there were but a few public houses of prostitution in the city, and these well under police supervision. By the new law, however, any one furnishing a house for the purpose, as well as all women guilty of prostitution, are punished by imprisonment for a term not less than one month nor more than one year. "In this manner the public houses were soon closed, but the moral and physical condition of the people is far from having gained by it. Prostitution has not decreased; it simply conceals itself, and the more effectually it conceals itself the more damage it does. Medical visits to the women have been done away with, but the number of patients in the hospital affected with venereal disease has doubled in five years." Even in France and Belgium prostitution is not regulated by the general government, only by the municipal police, and a change is strongly recommended by the Committee. To make any measure efficient, unity of action is required. "Prostitutes are as cosmopolitan as the corruption in which they originate. Hygienic and other regulations proper to prostitution are equally necessary and should be similar in all localities." "It is the unanimous opinion of our colleagues that every efficient system of prevention should look particularly toward limiting the number of free prostitutes, and thus obviating the dangers of clandestine prostitution. Where dispensaries for the compulsory examination of women are established nearly the entire danger to the public health is due to clandestine prostitution." "In cities in which this sanitary service is well organized, the proportion of diseased prostitutes (subject to the regulations) does not exceed 24 per cent. On the contrary, in the raids occasionally made by the police upon the free prostitutes the proportion is vastly greater" (averaging at least 50 per cent.).

From what has been said it is easily understood that, in order to get at the real source of venereal infection, the nearest possible suppression of clandestine prostitution is necessary. "Your Committee, in accord with the Medical Congress, and we can say in accord with nearly the entire body of medical men, cannot insist too strongly upon this point."

"This suppression can be obtained only by a department of public morals (bureau des mœurs), composed of a sufficient number of experienced agents, and having at their head an intelligent and thoroughly honest chief. To this department must be entrusted the mission of seeking out clandestine prostitution. It must pursue it without flagging, and strive to reach it under all disguises. But, in the hierarchy of vice there are many degrees." At what point should the police intervene? This is a delicate point, which should be left in the first place to the head of the department. It is he who is to decide upon the lot of clandestine prostitutes by the propositions which he submits to superior authority. Such functions are responsible ones, and the committee think that a species of magistracy should be created for them.

Examination of Men.

Society has long looked to women as the sole source of venereal infection, neglecting entirely any sanitary precautions as relating to men. One of the most active sources of infection is in the army and navy, the organization of which makes the application of sanitary measures peculiarly easy. The merchant marine also has a large share in the propagation of venereal diseases, as shown in the gradual depopulation of so many of the Pacific islands already referred to. In fact, war and commerce have been the means of spreading the disease over the world. Columbus (according to many authorities) carried syphilis to Europe from America. The Italian expedition of Charles VIII. diffused it through Italy, and the general war resulting from this expedition spread it over the whole continent. Africa, India and Japan are supposed to have received the syphilis from the Portuguese marine; Norway from its commercial relations with Holland; Scotland from Cromwell's army. In fact, the history of the spread of syphilis is a part of the history of all the great expeditions since the fifteenth century. The statistics of the English Navy from 1860-67 show an annual average of 64 cases of syphilis per 1000 men, and 85 of venereal dis-

eases of all kinds. The cases of syphilis in these seven years increased from 50 to 71 per 1000 men. These figures make it easy to understand the influence which the navy can have in disseminating disease, and the injustice which may be done those places where disease has been kept at a low rate by sanitary precautions. At Bastia the rate of venereal disease in the hospital was raised from 6 to 15 per cent in one year by the arrival of one foreign regiment. "In the army and navy two classes of visits are required, *i. e.*, those at regular intervals, and those under certain specified circumstances, at the time of joining or returning to the regiment, leaving on furlough, changing garrison, embarkation and debarkation." These visits are enforced to a certain extent in the French army and navy, but more thoroughly in Belgium, and their results can be seen in the statistics already given on page 13. Only a small part of the population, however, receive the benefit of these visits, and the prevailing opinion of the International Congress is that these provisions should be extended to the merchant marine. As far as the seamen are concerned, this would not be difficult, but the principal obstacles would be offered by the desire of captains and shipping masters to get men, no matter what their condition might be, at times when sailors are scarce. Even the existing quarantine laws, mild as they are, are not supported without impatience. These objections the Medical Congress does not pretend to answer, but would refer them to an International Commission, officially appointed to confer upon the prophylaxis of syphilis.

Hospital Accommodation. Public Aid. Mutual Aid.

Throughout the civilized world the hospital accommodations for this class of diseases are notoriously insufficient. In fact, such cases are turned away from many of the public institutions. In the London hospitals there are not more than 250 beds for sufferers of both sexes from venereal diseases, while the Harveian Society estimates the number required at not less than 1500. In France even, there is nearly the same lack of accommodations. Thus, instead of the sequestration so imperatively demanded by a regard for public health, the infected are denied even an asylum.

When the local authorities alone make the necessary sanitary rules, they are as a matter of course taxed with the results of their neighbors' negligence. Consequently it is the duty of the State to assume the

control. As to the treatment of sailors in seaport towns, some arrangement should be made by the different nationalities in regard to the expenses, &c. Mutual aid societies should allow assistance to members disabled by venereal diseases as well as to those disabled by other causes.

The danger of infection by vaccination (when blood is mixed with the lymph), that from circumcision where suction by the mouth is practised, that to glass-blowers where the tube is passed from mouth to mouth, that from the common use of ordinary household utensils, are dwelt upon; also the obvious precautions to take.

Some medico-legal authorities have advised a law forbidding the marriage of any one once affected by syphilis. This the Committee oppose on the ground of its impracticability. Instructions should be given the public by which the forms of syphilis could be understood and the dangers avoided as much as possible, on the same principle as the instructions given the people (in France) in regard to typhus fever, cholera, &c.

"All disguises and false modesty must be ignored. It is absolutely necessary that the people should understand these diseases; in the first place because danger understood is more easily avoided, and in the second place because the governments need the aid of public opinion in this campaign against syphilis, where there are not only so many evils to combat, but so many prejudices to overcome."

Syphilization, as a prophylactic, is reported against.

The report concludes by saying that it is the duty of the French government to convoke an international commission to consider the question of international prophylaxis.

NOTE.

"Public opinion in Great Britain and Ireland is rapidly coinciding with the views of those sanitarians who are advocating legislative means for the purpose of arresting the spread of contagious venereal diseases. A few years ago, he who would venture to suggest desirability of State interference in such a matter would have been scouted by the non-medical section of the community; but the enormous physical evils which result from untrammelled prostitution are now so potent that all save the most prejudiced admit that they demand a prompt remedy. If the non-recognition of this 'social evil' could tend in any way to lessen the vice, there would be some excuse for those whose over-prudishness leads them to object to any interference on the part of the State. But the history of all nations shows that both the moral and physical evils arising from prostitution have been increased instead of lessened by allowing the un-

happy creatures to remain free from the surveillance of the authorities. Efforts have been made from time to time in most civilized countries to eradicate prostitution, but not only did these attempts prove failures, but they actually, in many instances, induced a general corruption of morals. In the year 1845 all the brothels in Berlin and others of the large Prussian towns were forcibly closed by order of the king, and public prostitution was proscribed under severe penalties throughout the kingdom. Very soon the results of this system became apparent. Illegal prostitution rapidly spread. The public morals became worse than ever. The number of illegitimate children increased. There appeared to be a general profligacy pervading all ranks of society, and finally venereal disease became more virulent and widespread. After six years' experience of this method of stamping out prostitution, the king was prevailed upon to repeal his edict and to allow the re-establishment of brothels under surveillance of the authorities." (Half-yearly Report on Public Health, by Charles A. Cameron, M.D., Professor of Hygiene and Political Medicine, Royal College of Surgeons, &c. &c. Dublin Quarterly Journal of Medical Science, Nov., 1869.)

BILLROTHS CASE OF DEATH FROM CHLOROFORM.

Translated for the Journal by M.D.

A SERVANT girl, 24 years old, was sick with acute articular rheumatism, from Oct. 11th, 1869, till Jan. 30th, 1870, in the Vienna Hospital, under Primarius Dr. Scholz. Oct. 15th, 1869, abnormal heart sounds were heard, which disappeared, so that Nov. 18th, 1869, she was chloroformed in order to have the right knee straightened, which operation was easily performed. The diseased process ceased, but the right knee and right ankle remained stiff, immovable. For further surgical treatment she was transferred to Hofrath Billroth's clinic. After convalescence was fully established, and after repeated examination of the heart failed to show *any symptoms of heart disease*, the attempt was made to restore motion to the stiffened limb. The patient submitted to this operation on the 23d of February, 1870, all the more quietly as her next bed neighbor had passed through the same with success, and there was no fear of the results of the anæsthetic, since she had previously been chloroformed. The patient lay horizontally on her back on the operating table. The chloroformization proceeded unusually quietly. As soon as insensibility was attained, the attempt to move the knee was commenced; this was scarcely half accomplished when the sudden cessation of the pulse was announced by the very trustworthy assistant, and at the same time the

respiration became irregular; some seconds elapsed before the chloroform was removed, and, naturally, it was not used again. By means of artificial respiration through a catheter in the larynx the patient was brought to herself so as to breathe again quietly and regularly. Hoffsath Billroth turned his attention to continuing the operation, when the respiration again became irregular. Immediately, after having quickly performed tracheotomy, artificial respiration was again made, then also by means of electricity motion of the diaphragm was kept up regularly; as the patient until about twenty minutes after the beginning of the asphyxia from time to time made spontaneous efforts to breathe, these efforts were continued nearly an hour. Yet neither by venesection at the elbow, nor by opening of the radial artery, came any blood. Also finally acupuncture of the heart had no effect. "It is indeed not to be doubted that the cause of death was a sudden cessation of the heart's motion, and that this was caused by changes in the muscular substance of the heart, by which means such cases of sudden death occur repeatedly without chloroformization. Alas! seldom is it possible to diagnose myocarditis with certainty. Irregularity of the pulse was not present in this case, the pulse was full and regular; and, in short, neither from the previous nor the present condition could a contraindication be found for a chloroformization conducted with proper foresight." At the autopsy, thickening of the edge of the bicuspid valve with small papillary excrescences was found; the heart's substance was yellowish brown, friable.—*Algem. Med. Centralzeitung*, March 2d, 1870, from the *Wiener Med. Wochenschrift*, Feb. 26th, 1870.

NEW STAPHYLORAPHIC NEEDLE.

By J. T. MATHIS, A.M., M.D., Ophthalmic and Aural Surgeon, Vincennes, Ind.

In the operation for the relief of cleft palate, the most difficult step is placing the suture *in situ*, and perhaps there is no step, of equal magnitude, in the whole circle of Surgery, for the performance of which surgeons have more heavily taxed their ingenuity in the effort to adapt the instrument to the operation. Without penning the long list of surgeons who have figured upon the arena, without attempting to portray the comparative merits of their several inventions and appliances, I proceed immediately to the description of the Needle

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under consideration and the manner of its use. (The cut is half length).



It is a curved canulated Needle, as represented in the figure, the curve being an arc of 70° , whose radius is $\frac{3}{4}$ of an inch.

The point and edges of the Needle are formed by a bevel* at the expense of the concavity of the curve. Through the canula passes a fine steel spring, whose proximal end is fastened, by means of a thumb screw, to a slide which moves upon the uncanulated portion of the Needle, which extends from the proximal end of the canula to the distal end of the handle.

The distal end of the spring, corresponding with the point of the Needle, terminates in a small hook, which rests in a little receptacle in the end of the canula, except when it is protruded for the purpose of receiving the suture.

The mode of using the Needle is very simple. Having pared

the edges of the fissure in the usual manner, and the muscles of the pharynx having been treated as the surgeon may desire, he is to take the following very simple steps:

1st. Commencing at the top of the fissure, and on the left side, pass the needle through the lip of the fissure from before backward.

2d. With the thumb upon the slide, protrude the spring, which re-curve and passes forward through the fissure, and exposes the little hook on its end to the plain view of the surgeon.

3d. Arm the hook by means of a loop formed at the end of the suture (silk) taken in a pair of forceps, and then thrown over the hook on the end of the spring.

4th. By means of the slide, retract the hook holding the loop of suture, to its position in the little receptacle in the end of the canula.

5th. Withdraw the Needle from the palate and from the mouth, and leave both ends of the suture hanging out of the mouth.

The deposition of the suture on the left side is now complete.

The steps for the right side are the same as for the left, using the precaution not to form the loop on the same end of the suture for both sides of the fissure.

It will readily be seen by the surgeon

* The engraver has failed to represent the point.

who has closely studied the operation, that the main advantage gained by the Needle here presented is the much easier location of the suture in the second lip of the fissure, at the same time preserving the same level for both ends of the suture, because the Needle is passed from before backward, giving the surgeon an opportunity to see the exact position of the point as it enters the palate. This can be done with no Needle which is armed before its introduction (I mean without twisting the lip of the fissure out of its natural position).

After having placed the several sutures *in situ*, if the surgeon prefer the silver suture before the silk and perforated shot, he can, with a loop on the end of the silver wire, attached to the silk, draw it through, and thereby substitute the silver for the silk.

This Needle will also act well in operating for vesico-vaginal fistula, or almost any operation in which the suture is to be deposited in a cavity, at a remove from the hand of the surgeon; but it is best adapted to those operations in which the parts receiving the sutures are situated in such cavity, and at the same time perpendicular to the line of the surgeon's vision and operation.

The Needle which I now have, and the only one of the kind in existence, as far as I know, was made in the spring of 1867, by George Tiemann & Co., No. 67 Chatham street, New York City. Almost ever since that time, Mr. F. A. Stohlmann, of that firm, has been trying to induce me to bring it before the Medical and Surgical profession; but hoping to be able to modify and more extensively utilize the instrument, I have postponed its general publication until the present.

VERMONT MEDICAL SOCIETY.

Editor Medical and Surgical Journal:—

PERHAPS it may interest the numerous readers of your Journal in Vermont, to learn that the semi-annual meeting of the Vermont State Medical Society will be held at the city of Burlington on Tuesday and Wednesday, June 7th and 8th prox., commencing at 11, A.M., on Tuesday, and closing at 4, P.M., on Wednesday. The programme of the exercises is as follows: *New Remedies*, Dr. L. C. Butler, of Essex; *Anæsthetics in Midwifery*, Dr. O. F. Fassett, of St. Albans; *Imperfections in present system of Medical Education*, Dr. C. S. Allen, of Rutland; *Uses and Abuses of Opium*, Dr. C. P. Frost, of Brattleboro'; *The Thermometer*

in Medical Practice, Dr. G. B. Bullard, of St. Johnsbury; *Pathology of Fever*, Dr. E. E. Phelps, of Windsor. Besides these papers, there will be reports of Cases in practice; a statistical dissertation on *Consumption in Vermont*, by Dr. Butler, and in the evening of Tuesday an address by Dr. Abram Harding, of South Hero, Vice President of the Society, on *Improvements and Changes in the Science and Practice of Medicine*.

To such a "feast of fat things" the officers of the Society invite the medical fraternity of Vermont, and the delegates from other State societies. We hope they will respond in such numbers as to show that they not only have a deep interest in the State Society, but also in the progress of medical science, and in the elevation of the standard of medical education.

Yours, &c., L. C. BUTLER, Secretary.
Essex, Vt., May, 1870.

Bibliographical Notices.

The Physiology and Pathology of the Sympathetic or Ganglionic Nervous System. By ROBERT T. EDES, M.D. An Essay to which the O'Reilly Prize was awarded by the New York Academy of Medicine, May 5th, 1869. Printed for the Academy. New York: William Wood & Co. 1869. Pp. 152.

THOUGH much has been done during the last twenty years in this branch of medical science, the results obtained lay scattered in medical and scientific journals and in records of scientific societies. Dr. Edes has done good service in briefly narrating the results obtained, and placing the knowledge gained by English, French, German and American investigators within the reach of all. It is possible to see what has been done, and also to realize how much more remains to be accomplished.

No attempt has been made at historical completeness; the author only claims to have arranged systematically what is already known. It would then hardly be just to criticize the historical portion, and after briefly mentioning some of the more important facts in the physiology of the sympathetic, we will briefly allude to one or two points in which the author's conclusions seem somewhat defective.

Certain sensations are conveyed by the sympathetic, and irritation of its branches or ganglia produces pain, but the amount of the sensibility to pain varies in different

animals, and in none is it so great as in the cerebro-spinal system.

The first and most obvious effects of division of the sympathetic in the neck, or removal of the superior cervical ganglion, "are—a contraction of the pupil on the operated side, partial closure of eyelids, a projection of third eyelid, and sinking of eyeball deeper into the socket, with increased heat and vascularity of corresponding side of head."

Galvanization of the upper extremity of the nerve has the opposite effect.

"The centre, whence the excitations proceed, which traverse the sympathetic and induce dilatation of the pupil, is situated in the spinal cord, as shown by Budge and Waller, who still further localized this centre between the sixth cervical and fourth dorsal vertebrae. This region has received the name 'cilio-spinal.'" Brown-Séquard, however, considers that the limits are wider, as low as the fifth or sixth dorsal, and as high, probably, as the medulla oblongata.

"The next noticeable phenomenon, after the section of the cervical sympathetic, is an increase of heat on the corresponding side of the head; and this is seen to be co-incident with increased vascularity." Dr. Edes recognizes the chemo-vital changes taking place in the body as the source of heat, but he thinks the local increase of temperature after section of the sympathetic is due to an increase in the rapidity of the flow of blood through the parts rather than to any increased metamorphosis, for the heat is probably never higher than that of the interior of the body, and there is no marked change in the nutrition of the parts.

This increase of heat is taken as a guide and proof in determining whether there is paralysis of the sympathetic in other parts of the body.

Galvanizing the cranial end of the sympathetic after section produces contraction of the bloodvessels, consequently diminished vascularity and a fall of temperature.

Similar changes in temperature may be produced by operating on the spinal cord.

"Paralysis of the arterial coats—that is, paralysis of the vaso-motor nerves—increases rather than diminishes the pulsatile character of the flow of the blood. It is well known that the arteries on the side where the sympathetic has been cut pulsate more strongly than on the other."

The following paragraph is worthy of notice from the bearing it has on the diagnosis and treatment of a number of morbid conditions. "Four ways may be distinguished

in which vascular dilatation takes place besides section of vaso-motor nerves. The first is dilatation after previous contraction; the second is primary, from direct irritation; the third depends on irritation of a motor, and the fourth on irritation of a sensitive cerebro-spinal nerve."

"It is probable that the relation between the sensitive, motor, and vaso-motor nerves is essentially a much more constant one than at first appears, that is, there is some one law which regulates all the vaso-motor reflex movements, whether of dilatation or contraction. What the law is, however, it is as yet impossible to determine."

"It seems as if there were a collateral vaso-motor supply, after section of a nerve trunk, not unlike the collateral circulation after ligation of an artery."

The effect of irritation of the sympathetic is to accelerate the beats of the heart, especially if the irritation is applied to the superior thoracic ganglion, and through this and the lower cervical most of the normal propulsive force reaches the heart from the spinal cord. E. and M. Cyon have found that the course of this influence is through the third branch of the inferior cervical ganglion in the rabbit, and the second branch of the same ganglion in the dog. They call these the accelerator nerves.

A slight irritation of the vagus accelerates the heart, a moderate or strong irritation diminishes the number of pulsations or completely stops the heart.

"The portion of the vagus which produces these effects has been found to be that portion of the internal branch of spinal accessory which arises from medulla oblongata." There are also ganglia in the substance of the cardiac walls which probably have an influence over its action.

The truth in regard to the action of the sympathetic and the vagus on each other and on the heart is probably not yet perfectly known, and there are many conflicting views, all founded upon experiment. Dr. Edes adopts the explanation given by von Bezold.

The influence of the sympathetic on the secretions is illustrated by its influence on the secretion of the submaxillary gland. The following are the principal conclusions: The glands do not obtain their secretory power from the nerves; they continue to secrete after all nervous connection is severed. Besides this power of acting independently, the glands are under the influence of the nervous system, through which their secretions are either increased or diminished. This increase is exerted by the

sympathetic through the circulation, and the nerves are supposed to act also directly on the secreting cells. The action of the sympathetic tends to diminish secretion by contracting the vessels.

The following sentence in the eighth section is important as furnishing a possible explanation of many morbid processes. "The hypertrophy which results from section of nerves is very limited in amount, and confined almost entirely to epidermoidal tissues, producing a roughness of skin and curvature of nails." "A general hypertrophy has never been observed."

The author considers the existence of "trophic" nerves not proven.

The splanchnics when excited cause peristaltic action of the intestines, not however of the whole, but sometimes of one part and sometimes of another.

The second part of the essay is devoted to the pathology of the sympathetic. The same order is followed in this as in the former part. The sections are headed:—1st, Neuralgia; 2d, Iris, Progressive Locomotor Ataxy; 3d, Temperature; 4th, Heart; 5th, Secretion—Diabetes, &c. This division seems to be less convenient for reference than one in which the different diseases were considered separately, especially as there is no index. The advantage is that the divisions correspond with those of the physiology in the first part.

The disease known as progressive locomotor ataxy is considered as probably not essentially an affection of the sympathetic.

Lesions of the sympathetic in the neck, by pressure or otherwise, produce the oculo-pupillary and thermic effects usual after section of the sympathetic.

The subject of heat and sweating lead naturally to the consideration of fever. In fever the rise of heat is as much or more a chemical phenomena than even a vaso-motor one.

The following statement is made in connection with fever and sweating. "It seems very probable that different sets of nerve fibres control the circulation in the papillæ near the surface, which give heat and color, and in the coils of the perspiratory glands which produce the secretion." In fever without sweating the first set alone are implicated. In febrile affections, with sweating, both sets are implicated.

Under nutrition the author endeavors to distinguish between the effects of paralysis and those of irritation; this is of course in many cases difficult, and he recognizes the difficulty.

The following two paragraphs on page

121 are of interest in connection with bed sores, &c. :—

"The foregoing considerations show that neither pressure nor loss of nervous influence can be regarded as alone the cause of aloughing in paralysis.

"Lesions of nutrition, as a consequence of irritation, are, however, if the explanations heretofore adopted in this essay are correct, much more varied than those following paralysis."

Many examples are referred to in connection with this subject, but as the question is one bearing on the great question of nutrition, it would have been more satisfactory if more details had been given. It is tantalizing to have a case merely referred to, when the original is beyond reach.

The following in regard to the cause of exophthalmic goitre is one of the clearest and most satisfactory explanations we have seen: yet this is not entirely satisfactory.

"Exophthalmic goitre, accompanied by palpitation, which is increased in paroxysms, is a disease beginning by irritation, congestion, or chronic inflammation of the lower cervical ganglia of the sympathetic, giving rise at first to increased action of the heart.

"The irritation or inflammation gives rise to hypertrophy of interstitial connective tissue of the ganglia, and consequent atrophy of part of the nervous element, with irritation of another part. Coincidentally with, as sometimes happens, or subsequently, as is more usual, to the stimulation of the heart, occurs a subparalysis of portions of the vaso-motor fibres; hence congestion, followed by hypertrophy of the orbital connective tissue and of the thyroid gland."

The treatise is a full and fair explanation of what is known with the most certainty in regard to the sympathetic nervous system; the author has done well in bringing these facts together for the profession, and we trust the book will have a wide circulation. We know of no other in English which goes over the same ground. Since the award of the prize to Dr. Edes most of the same subject has been very thoroughly treated in the German journal, *Archiv für Psychiatrie*.

The author's statements are generally concise and dogmatic; perhaps if the quotations had been fuller, some of the conclusions would have been more convincing.

The whole subject of nutrition is one of the least satisfactory, probably because so little known. The effect of lesion of the solar plexus and splanchnics in increasing

the intestinal secretions is but hinted at.

Is not the chill introductory of febrile diseases something more than a mere vaso-motor paralysis? The temperature in many cases of chill is much higher than the normal; Dr. Edes's statement would rather convey the idea that it is always lowered. This seems to us too absolute; we think it is generally raised. The most characteristic type of chill followed by fever is in intermittent fever. Here the chill is even preceded by an elevation of temperature, which continues during the chill and reaches its height during the subsequent fever and falls during the sweating stage; or the maximum temperature may be attained during the chill. See Jacoud's Clinique.

Dr. Edes's statement is, "The initiatory chill of intermittent fever, as well as of other diseases, is coincident with an irritation of the cutaneous vaso-motor nerves."

"After this stage comes relaxation of vessels, increased afflux of blood, heat and redness of skin, and throbbing of arteries. The third stage consists in somewhat diminished activity of the circulation and free secretion."

Under Exophthalmic Goitre as quoted above, the influence of hypertrophy of connective tissue in producing atrophy of nerve fibres seems to be acknowledged, and on page 118 he says:

"The hypertrophy of connective tissue which follows many congestions, also follows those which arise from vaso-motor paralysis. It is seen principally in the orbit of the eye, and in the thyroid gland, forming important symptoms in exophthalmic goitre, or Basedow's disease."

Why may not this reasoning be applied also to locomotor ataxy, and a connection be traced between congestion of the cord from functional derangement of the sympathetic and the hypertrophy of interstitial tissue which produces atrophy of the nerve fibres of the posterior columns, and hence locomotor ataxy? S. C. W.

Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 19, 1870.

THE RECENT MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

THE Report of that meeting in the JOURNAL of last week speaks for itself. The Vol. V.—No. 20b

scenes described as occurring there rival some of those at the late International Medical Congress at Paris. Would that the results of the former had been as negative as those of the latter! Our trans-Atlantic *confrères* will, we fear, now have a lower opinion of the Profession in the United States than it properly deserves. We would put it on record, however, that very many of the really representative men among us were not represented there.

The vague resolution passed at the close of the session has little meaning in view of what had gone before. The doings and discussions of the convention, together with the rejection of Dr. Sullivan's clearly stated resolution, tells the story. *Caste* is inaugurated in the American Medical Association.

The convention, says the *Washington Chronicle*, "laid this resolution [Dr. Sullivan's] on the table by a large majority. The convention by that vote distinctly declared that race or color should exclude persons from the Association. They may be regularly educated physicians in good standing, but their color will cut them off!"

"The doctors, immediately after this distinct declaration, stultified themselves and falsified the record of their proceedings by resolving that 'the consideration of race or color has had nothing to do with the decision of the question,' and then in the same breath they contradicted themselves by falsely asserting that the majority report was adopted by the convention. It may be safely affirmed that no company of men outside of Bedlam ever made such a jumble of absurdity and perversity in so short a time. No prudent man would consider it safe to submit himself in sickness to the treatment of doctors possessed of such confusion of ideas, to say nothing of their bad manners, perverse politics, and absurd prejudice."

With regard to the remarkable reception bestowed upon the delegates of the Massachusetts Medical Society at the recent meeting of the American Medical Association, we have but one word to say. The allegation that that reception was instigated by two Fellows of our Society stands out in bold relief. Whether the

Massachusetts Medical Society will condescend to apologize for its position with regard to any of its members who may have chosen to walk in the paths of pseudoscience, or shall decide to expel the Association, remains to be seen. The Society is competent to maintain its own dignity; and its course needs not to be forestalled by any further remarks in these pages.

DR. ANDREWS ON "THE RELATIVE DANGERS OF ANÆSTHESIA BY CHLOROFORM AND ETHER."

SINCE 1861 the "Report of the Boston Society" has been repeatedly quoted as authority for the statement that there is no recorded case of death fairly attributable to sulphuric ether. So far as is known in this city nothing has as yet occurred to falsify the above conclusion. We reiterate the assertion, because in an article by Dr. E. Andrews, of Chicago, on "The Relative Dangers of Anæsthesia by Chloroform and Ether, from statistics of 209,893 cases," which paper has been somewhat widely distributed, it is alleged that four (4) deaths have occurred from the inhalation of ether in 92,815 instances of its use. (There having been forty-three (43) deaths in 117,078 collected instances of inhalation of chloroform, Dr. Andrews says "it is evident therefore that the ratio of mortality in surgical anæsthesia, by chloroform, is about eight and a half times greater than by ether.")

The cases, on which this allegation of fatality by ether is founded, are given in the article alluded to, which was originally published in the *Chicago Medical Examiner* for May, 1870.

These cases are derived from a report of the officers of the New York Hospital (one case); from the well known Gayet series (two cases); and from St. Thomas's Hospital, London (one case). They are as follows, viz.:

"One case of death," says Dr. Andrews, "is reported to me verbally by the officers of St. Thomas's Hospital, London. I could not learn the particulars." This meagre account ought not certainly to carry any weight, or without additional evidence to pass as confirmatory of the dangers of sul-

phuric ether inhalation. It may therefore be set aside as entirely inconclusive.

Two cases are quoted from the report of M. Gayet. One which has often been discussed, and which is known as the "Antiquaille case," is that of a woman etherized for the removal of vegetations from the vulva. Dr. Andrews's report is as follows: "After a time the pulse was found very feeble and the operation was abandoned. Efforts to restore her failed, and she died. The surgeon of the Hospital considered it a case of death from ether. The autopsy disclosed no cause of death." Dr. Andrews cannot have been aware that this woman died after having been twenty-five (25) minutes under ether. Not that there is any danger in keeping a patient etherized for that length of time: but, if the operation lasted so long, it must have been a serious one. The "efforts to restore her" included the administration of some "soupe" which the patient took, and M. Gayet takes pains in his report to show that in this instance the ether might be excupulated.

The other Lyons case is that of a patient with a cancer of the superior maxilla. "The patient was pale, thin, and cachectic. She was carefully and successfully etherized; but in the early stages of the operation, before the bone was touched she ceased to breathe, and died apparently of syncope. It should be mentioned that the operation was in the sitting posture, a most dangerous position. But little blood was lost, however, and I [says Dr. Andrews] incline to attribute the syncope to the anæsthetics and therefore rank it as a death from ether."

We desire to present the following further particulars of which we are informed with regard to this case, and which Dr. Andrews seems not to have been aware of. The woman was 55 years old; the operation was "excision of the superior maxilla"; the ether was given from a sponge, placed in a bladder; only one ounce was used; and the question of death from hemorrhage was entertained by some of the witnesses. When M. Gayet presented his report to the Lyons Medical Society, it was voted, "that after having analyzed completely the facts of the fatal cases, which public discussion should elicit, the

Society should declare by a vote in each particular case the share which ether had in causing the fatal result." Dr. Andrews probably does not know that in this case the vote of the Society was that ether was only in part responsible for the death (*l'éther n'a joué qu'un rôle secondaire*).

The remaining fatal case in Dr. Andrews's necrology is that which occurred in the New York Hospital. He says it is "precisely like" the one just given, viz., an excision of the superior maxilla for cancer under the canthus of the eye, which also seemed to occupy the cavities of the maxilla. It occurred in 1865. "Early in the operation respiration ceased, and the patient died in spite of all efforts at resuscitation. There was no autopsy." The guilt of the anæsthetic may certainly be assumed as not proven in this instance. A surgeon of Dr. Andrews's experience must, we presume, admit the probable "*rôle secondaire*" of ether in an excision of the superior maxilla. For we have surgical authority for the statement that the most rapid tracheotomy is often barely sufficient to snatch the subject, even in the early stages of the procedure, from impending suffocation. We are told, indeed, that some operators think that the opening of the trachea should, as a precautionary measure, precede any attempt to excise the upper jaw; so great do they consider the danger from blood unavoidably entering the throat. In this the fourth and last of the fatal catastrophes, it may be doubted whether the result was more than partially influenced by the inhalation of sulphuric ether.

Dr. Andrews's paper offers no comfort to the partizans of chloroform, even if we concurred in the conclusions he draws from his data. And as we look at his facts they do not invalidate the declaration of the Boston Society for Medical Improvement.

To the Editor of the Boston Medical and Surgical Journal:

THE accusations brought against me by Wm. A. Hammond, M.D., editor of the *Journal of Psychological Medicine*, published in April, No. 21, require some explanation, and you will oblige me by giving it publicity.

1st, I am not nor never was a subscriber

to said Journal, neither am I acquainted with its editor.

2d, I never wrote or asked Dr. Hammond to publish an article entitled "Physical and Moral Transmissions from Parents to Children," sent to the publishers for Appleton's Journal.

3d, Dr. Hammond did not ask my consent to publish it, neither did I give it to him.

4th, Dr. Hammond received said article from the office of the New York *Medical Journal*, where it was sent without my knowledge; after making alterations and corrections with additions and subtractions, he placed it amongst "Original Communications."

5th, Dr. Hammond accuses me of having perpetrated a fraud upon him and the publishers, but in justice to me, he must prove it by my letters.

6th, The undersigned wrote to the publishers, when he offered the manuscript for a compensation, that it was a translation for *Appleton's Journal*; but Professor Hammond made the mistake in considering the article as original, and after publication his error was pointed out to him from Cincinnati; then he immediately throws the responsibility upon

E. P. LEPAHON, M.D.

Portland, April, 1870.

SUDDEN DEATH—POST-PARTUM.

West Eau Claire, Wis., April 14, 1870.

MESSES. EDITORS.—Dr. Cotting's case of sudden death near the close of pregnancy leads me to forward you the following. The physician addressed is brother of the husband of the deceased. The letter will explain itself.

West Eau Claire, Wis., Nov. 22, 1869.

DEAR DOCTOR,—By request of your brother I am induced to give you some account of the circumstances connected with the sickness and death of his wife, which took place this morning.

I labor under great disadvantages in attempting this account, since I have not seen her for more than a year, till the present sad event transpired. I was called in attendance on the evening of the 21st.

Immediately on my arrival at the house, I ascertained by the nurse and a digital examination, that the membranes were ruptured. I also found the labor advanced, the head presenting in natural position, bearing upon the perineum. The pains were

moderate and regular; the parts lax and dilating; the surface cool.

On entering the room I was seriously impressed with the great pallor of her countenance, the transparency of her ears and skin, and the puffy condition of her eye-lids and face.

A glance at the patient was sufficient to put me on my guard. I feared serious mischief somewhere—most likely hæmorrhage.

But my immediate examination revealed no hæmorrhage, and a promising result so far as labor was concerned. In an hour after my attendance the child was born, and within fifteen minutes the secundinæ were expelled, assisted only by slight traction of the cord.

Thus far the process of labor was perfectly natural and easy—more than usually so.

The confinement, however, was premature by a month or more—appearances justified the reckoning of the mother. The child was thin, exhibiting deficiency of nutrition. It was feeble, and with much difficulty I was enabled to excite and establish respiration. The cord and placenta were small. Having effected respiration, &c., I passed the child to the nurse, and immediately placed my hand over the uterus as is always my custom under any circumstances, and found contractions going on firmly. A bandage was then applied, and the soiled clothing about her person and the bed immediately removed.

But a few minutes were occupied in these arrangements; yet during these attentions I observed that labored respiration continued the same as when in the process of parturition. She breathed as from over-exertion by running; she would momentarily fall to sleep, with stertorous respiration. The pulse was rapid and small, easily compressed. Again I suspected hæmorrhage; and again I examined, but no unusual amount appeared—no more than usually appears in a primipara. I resorted to stimulants at once. I used wine at first, as we had no brandy at hand; also gave an opiate with plumbi acetat.; did not repeat it. Brandy was obtained, and its use begun at once. The extremities were cold. Applied warm blankets and warm sad-irons to feet and legs. Under these administrations the pulse came up a little and the extremities began to grow warm. I hoped for a better condition of things before morning; yet I feared a fatal result; exhaustion seemed at hand; the veiled power moving the living machinery seemed withdrawing; the character of respiration did not improve;

the disposition to somnolence with stertorous breathing only while she slept, continued. At this stage of affairs, I left for an hour with instructions to continue stimulants and external applications—blankets and sad-irons to the extremities, and napkins folded and wrung from iced water placed over the region of the uterus. On my return no improvement could be discovered except a little better color in the lips. Through all this time she had not been unconscious, except for a moment while asleep; yet at times unable to speak. She answered questions only in monosyllables, except in two or three instances. Once she volunteered a remark that she was just one hour under my attendance when her child was born—and again on my calling her attention to a lady who came in to wait upon her, she looked up and addressed her with "good evening."

Again, to be certain that hæmorrhage did or did not exist, I removed the napkin from the vulva, making a satisfactory examination. Nothing unusual could be ascertained. I examined the abdomen particularly with reference to rupture of the uterus, and the possibility of bleeding into its cavity; there were no indications of the kind. I was satisfied that hæmorrhage was not the cause of the serious condition I had to deal with. (What could it be?) At this juncture of affairs, between 10 and 11 o'clock, with gloomy forebodings I left the house, directing a continuance of the stimulants and application of the warm blankets and warm irons, and removal of the cold napkin. About 4 o'clock in the morning following, her husband came to my door, stating it seemed more and more difficult to arouse her from sleep. I directed the application of mustard to various parts of the body, and a continuance of the remedial measures already directed. He returned to his house, and I am informed she died in twenty minutes.

I am also informed by her husband and nurse that, for the past week or two, she had complained of *extreme* weakness, but of no particular pain; had been unable to walk much for a "considerable time;" and that her weakness had reached a condition that rendered her unable to retain her feces and urine; there seemed to be no power to control the sphincters. How long this serious condition of things had existed I have been unable to ascertain; but it had gradually grown upon her. She had been occasionally subject to diarrhoea for two or more years; especially when the system was disturbed by a slight cold or over-ex-

ertion. For the last six or eight months it had become more and more troublesome, till recently involuntary discharges have frequently occurred. I have been unable to ascertain the character of the stools, except they were watery. I have no knowledge of the action of the urinary organs or the character of the secretion of the kidneys. Vomiting in early pregnancy was only slight; but during the later months it has been more troublesome; and especially the past few weeks. I am told the substance thrown up was "slimy, watery, and dark colored." She vomited a similar substance just before she died.

I have learned that respiration has been disordered "for some time;" that it has required a good deal of effort to speak or converse. There was oedema of the feet and legs; more or less anasarca of the whole body. Had the patient been under my care or observation, I could have been much more definite in my description of the condition and action of the various functions of the system which would have enabled you to more easily determine the cause of this mournful event. In summing up the prominent symptoms you perceive *unusual pallor, great debility, disordered respiration, increasing prostration, diarrhoea, nausea and vomiting, oedema of the legs, general anasarca*, all comprising to produce *exhaustion*, ending in death, precipitated by pregnancy and the process of parturition.

A full analysis of this remarkable case requires more attention and time than I can devote to it on the present occasion.

The case, it seems to me, is rare in frequency. The microscope has revealed some of its secrets, yet there remain profound mysteries in the channels of the human system, that the crucible of science has failed to unfold to the vision and understanding of man. I leave this sad theme to your reflection and independent judgment.

What is your diagnosis in the case? Let me hear from you at an early opportunity, and believe me

Very truly your obedient servant,

C. ALEXANDER.

The distinguished surgeon, Professor W. Boeck, of Christiania, Norway, so well known by his experiments in syphilization, and his contributions to dermatology, has been recently a visitor in this city. At the Massachusetts General Hospital, on Thursday last, in place of the usual clinical lecture, Prof. Boeck, by invitation, gave an exposition of his views on syphilization.

He was listened to by the large class in attendance on the summer school, and by a number of medical gentlemen interested in the studies with which Prof. Boeck has identified his name. His heretical opinions on the value of mercury in syphilis, and his belief in the duality of syphilitic virus, so much at variance with the teachings of our medical school, may have surprised some of the younger students; but the honest conviction and modest positiveness of the speaker must have pleased his most doubting auditor. Prof. Boeck is about to visit the Norwegian Colony in Minnesota, to observe the influence of climate on the elephantiasis so prevalent in Norway, and the knowledge of which has already been enriched by the researches of himself and Bidentkap.

BROKEN RIBS IN THE INSANE.—In a letter addressed to us from Dresden, Dr. O. F. Wadsworth, formerly assistant editor of this Journal, writes thus:—

Apropos of the question of broken ribs in insane patients, which I see you have been referring to lately in the Journal. The subject was brought to my mind by seeing the autopsy of a man in Zurich, who died twenty-four hours after injury from a falling tree. There was fracture of the base of the skull, and compound comminuted fracture of the lower end of the left humerus, but also—what was not diagnosed during life—fracture of the 2d, 3d, and 4th ribs on the left side, laceration of the costal pleura over these, and almost complete collapse of the left lung, though no laceration of the lung was discovered. There was however no emphysema, and no local external sign of injury.

Speaking with Prof. Eberth on the subject, he told me that Prof. Gudden, recently appointed to the charge of the new Insane Asylum in Zurich, had formerly seen several cases of broken ribs in insane patients—in one case as many as eighteen—without external signs of injury, which were produced by blows of the fist, foot or knee, from the attendants. As this was only the day before I left Zurich, I was unable to make further inquiries of Prof. Gudden himself.

To Him of Richmond and Louisville:

The subject knows he has a red nose; but yet there is n't a more temperate man in the United States than nos. "How"—can you?

THE PHARMACOPŒIA.

SIXTH DECENNIAL CONVENTION OF THE PHARMACEUTICAL ASSOCIATION.

The sixth decennial convention, to revise the Pharmacopœia of the United States, met in the hall of the National Medical College, Monday, May 2d, at 10.30, A.M.

On motion of Dr. Miller, secretary of the convention of 1860, Dr. Carson, of Philadelphia, was called to the chair, and Dr. John C. Riley, of Washington, chosen secretary *pro tem*.

Dr. Miller moved that a committee of five be appointed to nominate permanent officers of the convention, which was passed, and the chair appointed Dr. Squibb, of New York; Dr. Ruschenberger, United States Navy; Mr. Colcord, Massachusetts; Dr. Geo. M. Dove, Massachusetts, and Dr. Jenkins, Kentucky. * * * *

On motion of Dr. H. C. Wood, of Philadelphia, it was—

Resolved, That such members of Congress of the two Houses as are graduates of regular medical schools shall be invited to attend the meetings of the convention and participate in its deliberations, and also the Surgeon General, U. S. A., and Chief of Bureau of Medicine and Surgery, U. S. N.

The committee to nominate permanent officers, reported as follows: President, Dr. Jos. Carson, Philadelphia; vice-presidents, Drs. Thos. Miller, D. C., and Wm. Procter, Jr., Philadelphia; secretary, Dr. John C. Riley, D. C.; assistant secretary, Dr. Jas. M. Morgan, D. C.

Dr. Carson, on taking the chair, expressed his thanks to the body in a few touching and expressive remarks, and announced that the convention was ready to proceed to business.

Alfred B. Taylor submitted the report of the Committee of Revision and Publication of United States Pharmacopœia for 1860, which was accepted.

The President then called for contributions from societies, when the following were presented: Albert E. Ebert, Chicago College of Pharmacy; H. C. Wood, M.D., College of Physicians, Philadelphia; Wm. Hegeman, New York College of Pharmacy; Alfred B. Taylor, Philadelphia College of Pharmacy; J. Farris Moore, Maryland College of Pharmacy; which were referred to a committee of five to report a plan for the revision of the pharmacopœia.

On motion of Dr. Lee it was ordered that all societies not prepared to report have permission to hand in their reports to the committee of revision.

The president announced the following as the committee to report a plan to revise

the pharmacopœia: D. Bridges, W. Procter, Jr., Colcord, Walford and Lee.

SECOND DAY.

The convention was called to order at 10, A.M., by Dr. Carson, the president, and the minutes of the preceeding day were read and approved.

Dr. Howard, from the committee on credentials, reported the following additional delegates: Wm. K. Bowling, M.D., University of Nashville, Tenn.; S. C. Chew, M.D., University of Maryland; Silas L. Loomis, M.D., and Charles B. Purvis, M.D., Howard University Pharmaceutical College; Frederick Horner, Jr., University of Virginia; Charles H. Thomas, Woman's Medical College, Philadelphia.

The chair presented a communication from the Missouri Medical College, which was referred to the committee on revision.

Dr. Lee, from the committee to report a plan to revise the pharmacopœia, submitted the following report:

The committee appointed with instructions to report a plan for the revision of the United States Pharmacopœia for the year 1870, would respectfully report that they recommend the following resolutions for adoption by this convention:

Resolved, That a Committee of Revision and Publication be appointed, to consist of fifteen members, including the President of this convention as one, to which shall be referred all communications relating to the revisions of the Pharmacopœia, and three shall form a quorum.

Resolved, That this committee shall meet in the city of — and be convened as soon as practicable by the President of the convention for final organization.

Resolved, That the committee shall be authorized to publish the work after its revision, and to take all other measures that may be necessary to carry out the views and intentions of the convention.

Resolved, That if, in the judgment of the Committee of Revision, it should become necessary before the meeting of the convention of 1880 to revise its labors, it is hereby authorized to publish a new edition.

Resolved, That the expenses of the Committee on Revision shall be paid from the income of the copyright.

Resolved, That the measures of capacity be abandoned in the Pharmacopœia, and that the quantities in all formulas be expressed both in weights and in equal parts by weight.

Resolved, That in the revision of the official list and formulas the wants of the medical profession in all parts of the United States should be considered in reference to local peculiarities in climate and population, and for these reasons that the scope of the work be rather extended than abridged.

Resolved, That the Committee of Revision shall have power to fill their own vacancies.

Resolved, That after the completion of its labors the committee shall transmit a report of its proceedings to the secretary of this convention, to be laid before the next convention.

Resolved, That the fourteen remaining members of the committee of revision and publication be selected by a nominating committee formed of one delegate from each institution represented in this convention, and of one from the army and navy respectively, to be appointed by the President.

The report was accepted, and on motion the resolutions were considered *seriatim*.

Dr. Amory, of Massachusetts, offered the following amendment to the first resolution: to strike out the three last words, "form a quorum," and insert, "be selected as a sub-committee, who shall report their revision before publication from time to time to the general committee, to be approved or amended, as they may determine;" which was rejected.

Dr. Loomis, of the District of Columbia, moved to strike out "fifteen members," and insert, "one from each State represented," which was rejected, and the resolution as reported by the committee was adopted.

Mr. Colcord moved to fill the blank in the second resolution by inserting "Philadelphia;" which was agreed to; and the resolution was adopted.

After a very interesting discussion the remaining resolutions were adopted without amendment.

Mr. Manlius Smith, of N. Y., offered the following as an additional resolution:—

Resolved, That this committee are authorized to investigate any new medicine that may be brought forward in the future, and devise formulas for the appropriate preparations of it, and to publish such formula in the *American Journal of Pharmacy*, and that these formula shall henceforth be considered official.

Dr. Squibb moved to strike out the words "*American Journal of Pharmacy*;" which was carried.

Dr. Loomis moved to strike out the words "in the future;" which was agreed to, and the resolution, as amended, was adopted.

Dr. Horner, of Virginia, moved the following:

Whereas, The abuse of medicines, the vehicle of which is alcohol, has proved injurious to the health of the community,

Resolved, That the Convention for the revision of the Pharmacopœia consider the expediency of reducing the number of alcoholic preparations.

The following names were presented as the Committee of Revision of the Pharmacopœia, in addition to the chairman, Dr. Carson:

Dr. G. B. Wood, Alfred B. Taylor, John M. Maisch, Dr. Robert Bridges, Philadel-

phia; Dr. Edward R. Squibb, New York city; Albert E. Ebert, Chicago, Ill.; J. Tarris Moore, Baltimore, Md.; G. F. H. Markoe, Boston, Mass.; Dr. John C. Riley, Washington, D. C.; Dr. Thomas Jenkins, Louisville, Ky.; Dr. Charles A. Lee, Buffalo, N. Y.; Dr. J. S. Wellford, Richmond, Va.; Wm. F. Wentzell, San Francisco, Cal.; W. S. W. Ruschenberger, U. S. Army and Navy.

The report was accepted.

Dr. Squibb tendered his resignation as a member of the Committee of Revision, which was accepted, and W. Manlius Smith, of New York, was elected to fill the vacancy thus created.

Dr. Loomis, of Washington, moved that the rules adopted by the convention of 1860 for the meeting in 1870 be adopted for the convention of 1880, simply changing the dates; which motion was unanimously adopted.

Dr. B. F. Craig, of the District of Columbia, offered the following:

Resolved, That the Committee of Revision be instructed to include some part of the metrical system in the list of official weights and measures. The resolution after a prolonged discussion was adopted.

Mr. Proctor, of Pennsylvania, offered the following; which was unanimously adopted:

Resolved, That the thanks of this convention are due to the faculty of the National Medical College of the District of Columbia for the use of their building for the purposes of the convention.

The convention, at 5 P.M., adjourned *sine die*.

DEATHS FROM CHLOROFORM.

Deaths from Bi-chloride of Methylene.—Further particulars of the death from chloroform reported in last week's issue.

We regret to know that accidents with anæsthetics still continue unusually frequent. At Moorfields, ten days ago, an elderly man died under the influence of chloroform. He was a patient of Mr. Couper's, and had taken chloroform without any unusual occurrence a short time before. On the second and fatal occasion, very little had been given, and he had struggled violently. The inhaler had been removed in order to add more chloroform; and, whilst it was away from his face, although there was no special change in the man's countenance to excite alarm, his pulse suddenly stopped. He continued to breathe for some time after absolute absence of pulse at the wrist. The case remarkably resembles some others on record

in this feature, that the pulse gave the first sign of danger. All the usual means of resuscitation were promptly employed, but without avail. At the post-mortem examination, the heart was found very thin, loaded externally with fat, and its muscular fibre also in a state of fatty degeneration. The left cavities were empty, but flaccid.

On the day following this event, a death occurred at University College Hospital, in a patient upon whom Mr. Heath had just performed amputation of the thigh. The patient was a lad, in a very anæmic condition. The operation was completed; and the inhaler (Clover's) had been removed from his face for two minutes, when the heart suddenly ceased to beat.

A death from the effects of bichloride of methylene occurred at Guy's Hospital this week. As deaths under the influence of this agent have as yet been very infrequent, we propose to give the full details respecting it. They have been kindly promised to us by Dr. Bader, under whose care the patient was.

British Medical Journal,

April 30th, 1870, pp. 441-2.

PROGRAMME FOR WEDNESDAY, MAY 25TH.

The Annual Meeting of the Society will be held in Horticultural Hall, at 10 o'clock, A.M., CHAS. G. PUTNAM, M.D., President.

Order of Proceedings.—1, Ordinary Business; 2, Reports of Committee; 3, Medical Papers and Communications.

At 1 o'clock, precisely, the Annual Discourse, by W. W. WELLINGTON, M.D., of Cambridgeport.

The Annual Dinner will be served in the Horticultural Hall, at 2 P.M. Music by Gilmore's Band. G. H. LYMAN, M.D., Anniversary Chairman.

ILLNESS OF SIR THOMAS WATSON.—The whole profession will hear with much concern that Sir Thomas Watson has been seriously ill. The attack began during the cold weather with severe muscular and neuralgic pains in the back and one thigh. This attack confined him to bed. Then, probably in consequence of a chill while sitting up in bed, he got inflammatory congestion of the lower part of both lungs. The pulmonary symptoms soon began to subside, and have now almost passed entirely away. Sir Thomas is still confined to his bed; but there is every reason to hope that he will continue to make steady progress towards complete recovery. The medical friends in attendance upon him are Dr. Burrows and Dr. G. Johnson.

Medical Miscellany.

MASSACHUSETTS MEDICAL SOCIETY.

PROGRAMME FOR TUESDAY, MAY 24TH.

Ten o'clock, A.M.—Operations, Surgical Visit, and Exhibition of Patients at the Massachusetts General Hospital.

Ten o'clock, A.M.—Operations, Surgical Visit, and Exhibition of Patients, at the City Hospital, Harrison Avenue, opposite Worcester Square.

Twelve o'clock, M.—Meeting at Horticultural Hall, Tremont Street, where papers by the following gentlemen will be read:—1, Addison's Disease, by Dr. Thomas H. Gage, Worcester; 2, Preservation of Anatomical Specimens, by Dr. Thomas Dwight, Jr., Boston; 3, Malignant Pustule, Charbon Fever, by Dr. Silas E. Stone, Walpole; 4, Late Contributions to Aural Surgery, by Dr. Clarence J. Blake, Boston; Provision for Care of the Insane, Dr. Edward Jarvis, Dorchester. Adjournment at 2 o'clock.

Four o'clock, P.M.—The Society will re-assemble in Horticultural Hall for the further reading of papers, and for their discussion. Adjournment at 6 o'clock.

During the afternoon the Warren Museum at the Mass. Med. College, North Grove Street, the Warren Museum of Natural History, 92 Chestnut Street, the Cabinet of the Med. Improvement Society, Perkins Building, and the Museum of the Boston Society of Natural History, Berkeley Street, will be open to the Society.

The Annual Meeting of the Councillors will be held at the rooms of the Society, Perkins Building, No. 36 Temple Place, at 7.30 precisely.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending May 7, 1870.

Cities and towns.	Number of deaths in each place.	PREVALENT DISEASES.	
		Consumption.	Fever.
Boston . . . 117	25	15	15
Charlestown . . 11	3	1	2
Worcester . . 15	5	1	1
Lowell . . . 18	2	1	1
Milford . . . 10	4	0	0
Chelsea . . . 6	2	1	1
Cambridge . . 12	1	2	0
Salem . . . 10	1	0	0
Lawrence . . 5	2	0	0
Springfield . . 3	0	2	0
Lynn . . . 11	6	0	0
Fitchburg . . 3	0	1	0
Newburyport . 4	0	0	0
Fall River . . 14	2	1	1
Haverhill . . 2	1	0	0
—	211	54	26

Boston reports one and Worcester two deaths from smallpox. From all the above-named places there are reported seven deaths from scarlet fever, six from croup, five from typhoid fever, three from whooping cough, three from diphtheria, and two from measles.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending May 14th,
117. Males 58—Females 59.—Abscess, 1—accident, 3—anaemia, 1—apoplexy, 2—disease of the bowels, 1—congestion of the brain, 2—disease of the brain, 6—bronchitis, 3—cancer, 1—consumption, 25—convulsions, 1—croup, 1—debility, 3—diarrhoea, 2—diphtheria, 2—dropsy, 2—dropsy of the brain, 1—drowned, 1—erysipelas, 1—scarlet fever, 4—typhoid fever, 1—hemorrhage, 1—disease of the heart, 6—homicide, 1—disease of the kidneys, 3—congestion of the lungs, 4—inflammation of the lungs, 11—marasmus, 5—measles, 1—neuralgia, 1—old age, 4—paralysis, 2—premature birth, 5—puerperal disease, 3—smallpox, 1—unknown diseases, 3—whooping cough, 2.
Under 5 years of age, 43—between 5 and 20 years, 7—between 20 and 40 years, 24—between 40 and 60 years, 21—above 60 years, 22. Born in the United States, 78—Ireland, 27—other places, 12.